

## **Anonymous P.A. Oral History Transcript**

**Interviewee:** An anonymous Physician's assistant

**Interviewer:** Theodora Christopher

**Date:** 05/12/2020

**Format:** Sound Recording. Mp3.

**Location of Interview:** Sleepy Hollow, NY

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### **Abstract:**

An anonymous oral history interview with a recently graduated physician's assistant. The interviewee discusses their first job in the field during the initial stages of the COVID-19 pandemic, how the hospital learned what medicines and interventions worked with patients, the mental health of themselves and other hospital workers, worries about their own family, and how physician assistants have made a positive impact on the pandemic.

### **Anonymous 00:01**

I agree to Theodora releasing this interview anonymously. Thanks for having me.

### **Theodora Christopher 00:10**

I have our first question, which is just how has your daily routine change since this COVID outbreak, like how is your job change responsibilities, stuff like that.

### **Anonymous 00:20**

So, first of all, I feel like there's a lot more anxiety going to work than normally, it's my first job out of PA school. So being thrown into this was kind of shocking and difficult. But overall, I've just really, what's changed most is my daily routine after work, which includes kind of like basically disinfecting everything I touch, washing my clothes straight from work right away. And I've been isolating myself, in my basement to stay away from my family in case I were to ever get sick, I didn't want anyone in my family to get sick from this. So, I haven't really seen or been around my family and the way we normally would be hanging out. So, it's been weird and kind of tough in that way.

### **Theodora Christopher 01:19**

It's crazy. Um, what like structural or institutional changes have you seen at the hospital, like, since the start of all this COVID stuff.

### **Anonymous 01:33**

In the beginning, when we were at our peak, the emergency room was very crazy. And it's been kind of hard to watch. Certain decisions have been...have to be made with patients, just due to lack of resources.

Like I know, what was hard on me in the beginning was having to talk to doctors and ICU regarding patient's code statuses. And, you know, end of life care all because of how low in resources we were, it was basically a matter of, you know, how many events and how much supplies we had to kind of determine what we would do for certain patients. So, it was kind of hard to have that be a factor and seeing people go just because of lack of resources, when I feel like there was much more that could have been done. But that was a sad reality of all this, I think throughout the city and state.

**Theodora Christopher 02:37**

So, you think like there should have been more done by the hospital? Or do you think like it was enough that was done in considering the circumstances?

**Anonymous 02:47**

I think as the hospital, they did what they can, I think it was just...just sad to see, the decisions have to be made, based on what we had. Whereas like, everyone knew there could have been more done for patients. But this at one point, the sad reality was lack of resources, because of how many sick patients there were. And this was, you know, this was no, this was discussed in, like the press conference is how there were so many sick people that it was kind of hard for us to expand all our resources at once when everyone was so sick.

**Theodora Christopher 03:31**

Yeah. Is there any like support system or protocol for how to like deal emotionally with all of this? Because, as you said, like, obviously, this has a lot of debts and a lot for you as like health care professionals to deal with.

**Anonymous 03:46**

Yeah, I know, our hospital is providing resources for that, like faculty and staff for mental health. But I know that's an available resource.

**Theodora Christopher 04:05**

And do you think like there was any training that you got prior to this outbreak to help prepare you? Or was it kind of just training on the fly with all of this happening?

**Anonymous 04:15**

Yeah, it was mostly basically learning on the job. None of us. You know, this was a new thing for everyone. So, there was a lot of everyday coming into work, there was new things coming out and new things that we found helps patients, so every day was a new learning experience and, you know, new medications that were being used to trial and trying different things. So, everything was everyone was kind of just learning on the spot and learning something every day about this.

**Theodora Christopher** 04:54

Do you was there any training that was like, particularly effective like any way that they did the training and stuff or not really?

**Anonymous** 05:06

Insert like me specifically?

**Theodora Christopher** 05:08

Either like you specifically or that you saw in the hospital that you thought it was like a good thing that they did or...

**Anonymous** 05:15

Well, they...they would send out one of the physicians would send out booklets and kind of written things in regards to treatment and ways, certain techniques we would use to help patients with oxygenation. So, we weren't getting educated in regard to this by other physicians during this. But yes, we would just do a lot of our learning based on speaking to other physicians and getting since our resources...

**Theodora Christopher** 05:52

Is like, what is the thing that you're most concerned about with all of this right now being, whether it be health wise, or like family wise, or just like resources wise, that kind of thing?

**Anonymous** 06:03

The thing I was most scared about going into work was, if I were to get it, passing it, you know, giving it to my older family members. That was the thing that gave me most anxiety, I think. But so far, I've been really careful. And everyone has been safe. Until now. So that's, I'm happy about.

**Theodora Christopher** 06:31

Yeah, that's, that's very much a good thing, at least. How has the sense of community changed, if at all, within like the health care workers or your hospital?

**Anonymous** 06:44

I think, you know, I, I always had a good support system, especially in my, in my specialty, we're very close. And I had a lot of older colleagues that have a lot more experience. So it's always easy to leave, rely on them for help. But I think overall, as a community in the hospital, we've been really supportive among each other, like the nurses, the doctors and p.a.s have all seen that everyone contributes a great deal. And I think everyone's been very appreciative of the other during this time.

**Theodora Christopher 07:30**

And then one of the other questions we had was just, what would you like to see going forward from all of this? Because obviously, this isn't something that like happened. And that's it is over. So, what do you think like changes would...should look like going forward?

**Anonymous 07:47**

I think hopefully, this kind of opens people's eyes in terms of discussing, you know, what them or their family members would want, when it comes to end of life, or just overall, deciding how they really want to go. And I think the earlier we discuss with our families and sit down and talk about, you know, if we want to be resuscitative, we want people to do compressions, and be intubated, especially later in life, I think earlier is a better time to discuss it, rather than when you're filled with emotion and stress when you know, you or your family member is in a very bad situation and sick already. I think it'll kind of ease the pain and ease or give more comforts to someone knowing and knowing that you knew your loved ones wishes when it comes to end of life. And also, just being in the hospital system I think we have a little more education knowledge about this. And, you know, we'll use what we learned this time in the future and not make similar... not make...not mistakes, but kind of be more prepared about what to do with certain patients.

**Theodora Christopher 09:17**

That makes sense. Is there anything else that you think you would want people to know in the future? Do you think these questions kind of summed it all up?

**Anonymous 09:30**

I just I hope if you know when this does come around, because it likely will, you'll notice that younger people especially still take it seriously. Just because it came around once and you were okay this time doesn't mean it won't come again and affect people and affect your loved ones. So, I think it's important to stay smart. And you know, continue health, good hygiene habits and you know, follow instructions, and stay safe and take this seriously.

**Theodora Christopher 10:09**

Cool, thank you so much.

**Anonymous 10:11**

Thank you

**Theodora Christopher 10:13**

Go for it.

**Anonymous 10:15**

Another thing that I noticed during this time was that the PA profession I felt really kind of shine more than before. We had dermatology p.a.s come help out in the medicine field like orthopedic p.a.s people that haven't practiced full medicine in a while because of their specialties. You know, the PA profession allows for flexibility in medicine overall. So, I want to shout out like the PA profession and people from specific specialties helping out in the medical field and leaving their specialties and helping out with the crisis.

**Theodora Christopher 11:03**

[recording repetition of 10:13] Go for it.

**Anonymous 11:04**

[recording repetition of 10:15] Another thing that I noticed during this time was that the PA profession I felt really kind of shine more than before. We had dermatology p.a.s come help out in the medicine field like orthopedic p.a.s people that haven't practiced full medicine in a while because of their specialties. You know, the PA profession allows for flexibility in medicine overall. So I want to shout out like the PA profession and people from specific specialties helping out in the medical field and leaving their specialties and helping out with the crisis.